



# Application for Employment as a Police Officer

## Newton County Sheriff's Department

Newton County, Indiana

The Newton County Sheriffs Department and Newton County Government does not discriminate on the basis of race, color, gender, national origin, age, religion or disability, in employment or the provision of services.

Please type or print responses to **ALL** questions on the application form. *Any application not completed in its entirety will be **disqualified**.*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Please List any former name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City / State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Are you at least 21 years of age      yes      no

If hired, what date would you be available to start work? \_\_\_\_\_

### EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous 10 years, beginning with your current employer. Failure to include all past employment may be grounds for disqualification.

If currently unemployed, check here      and skip to the Previous Employer below.

~ **CURRENT EMPLOYER:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Current Salary \$ \_\_\_\_\_ per \_\_\_\_\_. Hire Date: \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

Why do you want to leave this position? \_\_\_\_\_

May we contact this employer? \_\_\_\_\_, If no, please explain: \_\_\_\_\_

~ **PREVIOUS EMPLOYER:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_. Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_.

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_, If no, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY AND WORK EXPERIENCE (*Continued*)

~ **PREVIOUS EMPLOYER:** \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_. Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_.  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_, If no, please explain: \_\_\_\_\_

~ **PREVIOUS EMPLOYER:** \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_. Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_.  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_, If no, please explain: \_\_\_\_\_

~ **PREVIOUS EMPLOYER:** \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_. Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_.  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_, If no, please explain: \_\_\_\_\_

~ **PREVIOUS EMPLOYER:** \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_. Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_.  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_, If no, please explain: \_\_\_\_\_

## EDUCATION AND TRAINING

~High School Attended

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Diploma?      Yes      No      Date: \_\_\_\_\_      GED?      Yes      No      Date: \_\_\_\_\_

~College(s) or Trade School(s) Attended

Name: \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Major/Minor Course of Study: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Major/Minor Course of Study: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Major/Minor Course of Study: \_\_\_\_\_

## MILITARY HISTORY AND STATUS

If you have never been in the military service on active duty, check here      and skip.

Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

List any specialized training received while in the military: \_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL OR SPECIALIZED TRAINING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school?    Yes                  No        \* If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any criminal offense?    Yes                  No        If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES

List three references who are **NOT** related to you and are **NOT** former employers or supervisors:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

## AFFIRMATION OF UNDERSTANDING

**PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY, INDICATE YOUR UNDERSTANDING OF CONSENT TO THE CONTENTS OF EACH LINE BY INITIALING EACH LINE AND BY SIGNING AT THE BOTTOM OF THE PAGE**

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

I understand that once employment begins I shall be a probationary employee for up to one year, unless extended by a department head.

Initials: \_\_\_\_\_

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

I understand and accept that if I am hired as a police officer I will be in an "on call" status at all times due to the nature of police work. I understand that I may, under exigent circumstances be required to report for duty on days and at times I was otherwise scheduled not to work.

Initials: \_\_\_\_\_

I understand and accept that all police officers in Indiana are required to meet all criteria set forth by the Indiana Law Enforcement Training Board and accept that if criteria is not met, I will be terminated due to lack of qualification to serve as a police officer.

Initials: \_\_\_\_\_

I understand and accept that all police officer candidates must pass a thorough background check both for the safety of the citizens of Newton County and to meet guidelines established by Indiana Code and the Indiana Law Enforcement Training Board, I further understand and accept that the Newton County Sheriffs Department will perform a criminal background check through IDACS/NCIC and a drivers license check through the IDACS terminal and any states where I have been licensed to drive. I understand and accept that I must provide my date of birth, social security number and drivers license information on the attached sheer. I understand that the information will be used only if I am accepted as an applicant in all other phases of the process and that none of the information obtained from the information will be used to discriminate against me based on age, race, sex, national origin, or religion.

Initials: \_\_\_\_\_

I understand and accept that failing to complete all portions of the application and any and all attachments will disqualify my application from further consideration.

Initials: \_\_\_\_\_

I swear or affirm that all of the information furnished in this application and all attachments is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## INFORMATIONAL ATTACHMENT

The information requested below shall be used to complete the processing of the application. Drivers license history and status information as well as criminal history information shall only be requested from appropriate government agencies if and when the application has been processed to the latter stages for consideration.

The information herein will **NOT** be used to judge the applicant except in the areas of:

- Any past violation of criminal laws.
- Any arrests or convictions of any criminal offense.
- Any past violations of driving offenses which may be concern to the Newton County Government or the insurance carriers thereof.

Applicants Full Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Any Nicknames/Aliases/Former Names/Other Names Used at Any Time:

\_\_\_\_\_

Applicants Social Security Number \_\_\_\_\_

Applicants Drivers License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

### Permission for Information Requests

I hereby affirm that I am applying for a law enforcement position with the Newton County Sheriffs Department.

I understand and accept that as a police officer it is imperative that I have no criminal convictions and that I have a clear and valid drivers license. I hereby authorize the Newton County Sheriffs Department to request any information from any governmental agency which may help them to confirm that I am qualified in all aspects to be a police officer for the Newton County Indiana Sheriffs Department

I further understand and accept that no information will be requested unless my application is processed through the preliminary stages and given consideration in the latter stages of the application process and that no information obtained from my driving record or criminal history information will be used to discriminate against my application in any area. I understand that the Newton County Sheriffs Department is an equal opportunity employer and complies with all state and federal mandates regarding fair and equal employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date